

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

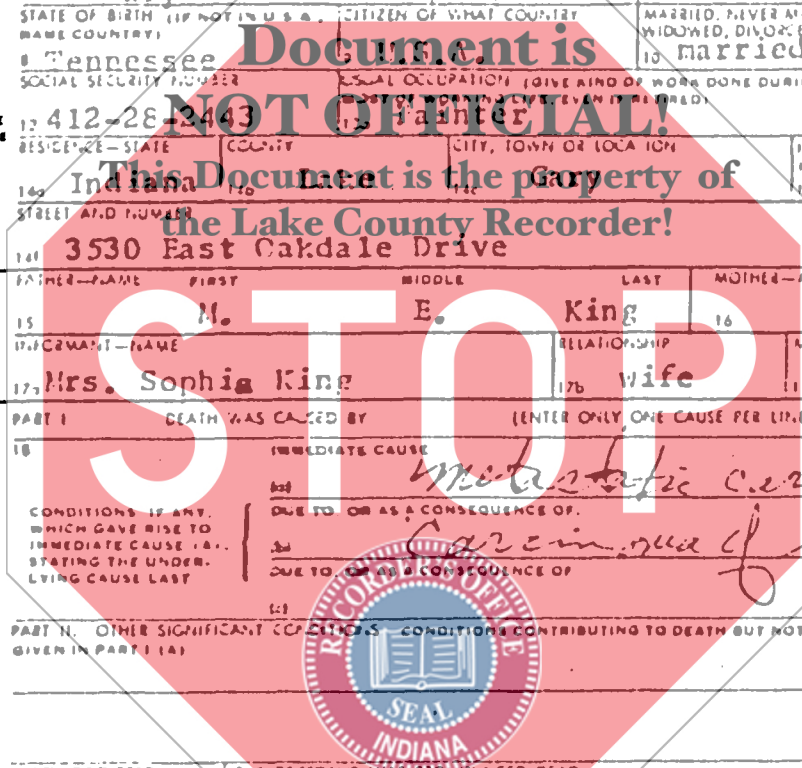
102589

*Birth issued
36c*
Local No. 68, 1687

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

LTIC# 49651
LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

PERMANENT INK SEE INSTRUCTIONS	DECEASED—NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	Clifford	H.	King	male	November 15, 1968		
WII	RACE	WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS, MONTH, DAYS)	UNDER 1 YEAR MOB	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	
	white	50				4-16-18	
DECEASED	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
	Gary	yes	Methodist Hospital				
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	STATE OF BIRTH (IF NOT IN U.S., GIVE COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
Tennessee	Tennessee	United States	married	Sophia Roberts			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY					
412-28-2443	Painter	Painting					
RESIDENCE—STATE	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP				
Indiana	Gary	yes	Calumet				
STREET AND NUMBER	IS RESIDENCE ON A FARM?						
3530 East Cakdale Drive	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
M. E. King				Molly Rose			
MRS. MARY—NAME	RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
Mrs. Sophia King	wife	3530 E. Cakdale Dr., Gary, Ind.					
PART I	DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (I), (II), AND (III))						
18	IMMEDIATE CAUSE						
	metastatic carcinoma of brain						
	DUE TO OR AS A CONSEQUENCE OF						
	carcinoma of breast						
	DUE TO OR AS A CONSEQUENCE OF						
PART II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
						YES	YES
DEATH OCCURRED (HOUR)	THE DECEASED WAS PROCLAIMED DEAD			DATE SIGNED		(MONTH, DAY, YEAR)	
7:15	MAY 27 1968			MAY 27 1968		7:15	
CERTIFIER—NAME, TYPE OR PRINT	SIGNATURE			ID NUMBER OR TITLE			
R. R. Barton, M.D.	<i>R. R. Barton</i>						
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP		
427 South Lake Street	Gary		Indiana	46403			
BURIAL, CREMATION, REINTERMENT (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN	STATE	FUNERAL HOME NUMBER	
Burial	Ridge Lawn		Gary	Ind.		252	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
Nov. 16, 1968	Lach Funeral Home, 6121 Miller Ave., Gary, Ind. 46403						
FUNERAL DIRECTOR—NAME	SIGNATURE		DATE RECEIVED BY SOCIAL HEALTH OFFICER				
<i>Barbara M. Lach</i>	<i>Barbara M. Lach</i>		001364 6 1968				



Actna Securities Co's 1st Sub
W. 16 ft
E 27 ft
Unit 25
Key # 41-16-41

FILED

ENRALLER'S NAME: *Barbara M. Lach*
LICENSE NO.: 1267
MAY 24 1968
FUNERAL DIRECTOR'S LICENSE NO. 378

Barbara M. Lach
CLERK, LAKE COUNTY

Disposition Permit Issued / /
Previsional Certificate
 Yes No

4965
(1)
AP



CERTIFIED BY:

Melba E. Johnson

HEALTH COMMISSIONER
CITY OF GARY, IND.

MAY 11 1990

DATE _____

4965